

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

California's New Frontier

ADDRESS (number and street) ▼

10940 Wilshire Blvd., # 2000

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00589317

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 19 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Beverly Grossman Palmer

Signature of Treasurer

Beverly Grossman Palmer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

California's New Frontier

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 19 2016

To:

 M M / D D / Y Y Y Y Y
 06 30 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		20000.00
(b) Cash on Hand at Beginning of Reporting Period.....	43147.19	
(c) Total Receipts (from Line 19)	10000.00	79000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53147.19	99000.00
7. Total Disbursements (from Line 31)	41741.83	87594.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11405.36	11405.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	18094.99	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

California's New Frontier

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 19 2016

To:

M M / D D / Y Y Y Y Y
06 30 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10000.00

79000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10000.00

79000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

10000.00

79000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10000.00

79000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

10000.00

79000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	26744.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	26744.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	41741.83	60850.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41741.83	87594.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41741.83	87594.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.00	79000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	79000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	26744.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	26744.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

California's New Frontier

Full Name (Last, First, Middle Initial)

A. Gregory C. Bates

Mailing Address 28100 Modjeska Canyon Rd

City State Zip Code
 Silverado CA 92676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : INCA36

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ronald Brower

Mailing Address 1043 Civic Center Drive, #200

City State Zip Code
 Santa Ana CA 92703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : INCA41

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Richard Martin

Mailing Address 13671 Jenet Circle

City State Zip Code
 Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hoag Memorial Hospital

SVP & CNO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : INCA42

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

California's New Frontier

Full Name (Last, First, Middle Initial)

A. Byron Tarnutzer

Mailing Address PO Box 8226

City

Newport Beach

State

CA

Zip Code

92658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Investments

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : INCA43

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

10000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
California's New Frontier

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Probolsky Research

Nature of Debt (Purpose):
Likely voter survey

Mailing Address 3990 Westerly Place, Suite 185

City State Zip Code
Newport Beach CA 92660

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD47

Amount Incurred This Period

10000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strumwasser & Woocher LLP

Nature of Debt (Purpose):
Legal fees

Mailing Address 10940 Wilshire Blvd, Suite 2000

City State Zip Code
Los Angeles CA 90024

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD50

Amount Incurred This Period

8094.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

8094.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

18094.99

2) TOTALS This Period (last page this line number only)..... ►

18094.99

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

18094.99

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) California's New Frontier			FEC IDENTIFICATION NUMBER ▼ C C00589317		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Forde & Mollrich			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 23 / 2016		
Mailing Address 4041 MacArthur Blvd., 190			Amount 15379.59		
City Newport Beach		State CA	Zip Code 92660		
Purpose of Expenditure Auto dial phone program		Category/ Type 24E		Transaction ID : EDTEALC23 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 20 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CA		
Calendar Year-To-Date Per Election for Office Sought 60850.64			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Cardinal Communication Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 23 / 2016		
Mailing Address 925 University Avenue, #A			Amount 9184.20		
City Sacramento		State CA	Zip Code 95825-6709		
Purpose of Expenditure Auto dial phone program		Category/ Type 003		Transaction ID : EDTEGALC2332 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 20 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CA		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15379.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Beverly Grossman Palmer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 07 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) California's New Frontier			FEC IDENTIFICATION NUMBER ▼ C C00589317		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Political Data Inc.			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination 05 / 23 / 2016		
Mailing Address 12501 Imperial Highway, Suite 200			Amount 419.18		
City Norwalk		State CA	Zip Code 90650		Transaction ID : EDTEGALC2330
Purpose of Expenditure Phone file		Category/Type 003		Date of Disbursement or Obligation 05 / 23 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Forde & Mollrich			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination 06 / 02 / 2016		
Mailing Address 4041 MacArthur Blvd., 190			Amount 14986.84		
City Newport Beach		State CA	Zip Code 92660		Transaction ID : EDTEALC48
Purpose of Expenditure Automated phone programs		Category/Type 24E		Date of Disbursement or Obligation 06 / 02 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 60850.64			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14986.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Beverly Grossman Palmer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 07 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) California's New Frontier			FEC IDENTIFICATION NUMBER ▼ C C00589317		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Cardinal Communication Strategies, LLC			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 925 University Avenue, #A			Date of Public Distribution/Dissemination 06 / 02 / 2016		
City Sacramento		State CA	Amount 10453.26		
Zip Code 95825-6709		Transaction ID : EDTEGALC4843			
Purpose of Expenditure Automated phone programs		Category/Type 003		Date of Disbursement or Obligation 06 / 02 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Corporate Translations, Inc.			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1300 Aviation Boulevard			Date of Public Distribution/Dissemination 06 / 02 / 2016		
City Redondo Beach		State CA	Amount 150.00		
Zip Code 90278-4011		Transaction ID : EDTEGALC4845			
Purpose of Expenditure Translation fee		Category/Type 003		Date of Disbursement or Obligation 06 / 02 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Beverly Grossman Palmer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 07 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) California's New Frontier			FEC IDENTIFICATION NUMBER ▼ C C00589317	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Political Data Inc.			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 12501 Imperial Highway, Suite 200			Date of Public Distribution/Dissemination 06 / 02 / 2016	
City Norwalk		State CA	Zip Code 90650	Amount 1964.70
Purpose of Expenditure Phone file		Category/ Type 003		Transaction ID : EDTEGALC4844 Date of Disbursement or Obligation 06 / 02 / 2016
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Forde & Mollrich			<input type="checkbox"/> Memo Item	
Mailing Address 4041 MacArthur Blvd., 190			Date of Public Distribution/Dissemination 06 / 06 / 2016	
City Newport Beach		State CA	Zip Code 92660	Amount 11375.40
Purpose of Expenditure Automated phone programs		Category/ Type 24E		Transaction ID : EDTEALC49 Date of Disbursement or Obligation 06 / 06 / 2016
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 60850.64			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11375.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Beverly Grossman Palmer</i>			Date 07 / 15 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) California's New Frontier			FEC IDENTIFICATION NUMBER ▼ C C00589317		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Cardinal Communication Strategies, LLC			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 925 University Avenue, #A			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 06 / 2016		
City Sacramento		State CA	Zip Code 95825-6709		Amount 7181.75
Purpose of Expenditure Automated phone programs		Category/Type 003		Transaction ID : EDTEGALC4947 Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 02 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CA		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Political Data Inc.			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 12501 Imperial Highway, Suite 200			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 06 / 2016		
City Norwalk		State CA	Zip Code 90650		Amount 1473.52
Purpose of Expenditure Phone file		Category/Type 003		Transaction ID : EDTEGALC4946 Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 03 / 2016	
Name of Federal Candidate Loretta Sanchez			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CA		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					41741.83
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Beverly Grossman Palmer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 07 / 15 / 2016		